

FILED DEC 9 1943 8

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2616 Clark Ave (rear)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 yrs. 1
In this community 28 yrs. 1
years, months or days (Specify whether)

3. (a) PRINT
FULL NAME

James Tanner

3. (b) If veteran,

name war None

3. (c) Social Security

Not 300-16-4781

4. Sex Male

5. Color or
race col

6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive 10 years

7. Birth date of deceased

April 10 1892
(Month) (Day) (Year)

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

51 7 16

hr. min.

9. Birthplace

Elsberry
(City, town, or county)

Mo 0
(State or foreign country)

10. Usual occupation

Labor

11. Industry or business

MOTHER FATHER

12. Name Jack Tanner

13. Birthplace Elsberry
(City, town, or county)

Mo 0
(State or foreign country)

14. Maiden name Tolliver

15. Birthplace Elsberry
(City, town, or county)

Mo n
(State or foreign country)

16. (a) Informant

H. Tanner

(b) Address

1009 & N. Garrison

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

Dec 2/43
(Month) (Day) (Year)

(c) Place: burial or cremation

Greenwood Cemetery

18. (a) Signature of funeral director

Wm. J. Budeck

(b) Address

215 So. Jefferson Ave

19. (a)

NOV 30 1943
(Date received local registrar)

(b)

J. J. Budeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2616 Clark Ave (rear)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1943 hour 6:45 minute A M.

21. I hereby certify that I attended the deceased from

19....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Aortitis; non-specific
Cardiac Hypertrophy.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (a) Means of injury.....

23. Signature James J. Budeck (M.D. or other)

Address 1306 E. 10th Date signed 11/26/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

J. J. Watson
Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.